

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Use for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.		260/072
First Named Inventor or Application Identifier		Lars-Berno Fredriksson
Title	DEVIC IN A SYSTEM OPERATING A CAN-PROTOCOL AND IN A CONTROL AND/OR SUPERVISION SYSTEM	
Express Mail Label No.		

J1017 U.S. PTO 09/04/7326
05/03/01

APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents Box Applications Washington, D.C. 20231
<p>1. <input checked="" type="checkbox"/> Filing fee as calculated below.</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages [43]] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p><input checked="" type="checkbox"/> Drawing(s) <i>(35 USC 113)</i> [Total Pages [14]]</p> <p>Oath or Declaration [Total Pages [1]] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p><input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		
<p>7. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p>		
ACCOMPANYING APPLICATION PARTS		
<p>9. <input type="checkbox"/> Assignment papers (cover sheet & document(s)) SEE NEXT PAGE FOR ASSIGNEE INFORMATION</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Other:</p>		

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No. **09/101,748**

Prior application information: Examiner G. Barron, Jr.

Group/Art Unit: 2132

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	<i>(Insert Customer No. or Attach bar code label here)</i>		or <input type="checkbox"/> correspondence address below		
NAME	Connolly Bove Lodge & Hutz LLP				
ADDRESS	Suite 800				
	1990 M Street, N.W.				
CITY	Washington	STATE	DC	ZIP CODE	20036-3425
COUNTRY	U.S.A	TELEPHONE	(202) 331-7111	FAX	(202) 293-6229

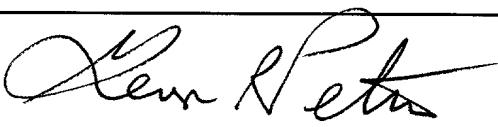
Fee Calculation and Transmittal

(Col 1) NO. FILED	(Col 2)	(Col 3) NO. EXTRA	SMALL ENTITY		NON-SMALL ENTITY	
			RATE	FEES	RATE	FEES
TOTAL	13	minus 20	= 0	\$0	x18=	\$
INDEP	2	minus 3	= 0	\$0	x80=	\$
<u>First Presentation, Multiple Dependent Claims</u>			+135=	\$0	+270=	\$
Base Filing Fee				\$355		\$710
Other Fee (specify purpose)				\$0		\$
TOTAL FILING FEE* (accounting for possible small entity status)				\$355	OR	
					TOTAL	

A check in the amount of \$355.00 to cover the filing fee is enclosed
 No payment is enclosed at this time. Full payment will be made when the executed Declaration is submitted.
 The Director is hereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate copy of this sheet is enclosed.

Charge the amount of \$ as filing fee
 Credit any overpayment.
 Charge any additional filing fees required under 37 CFR § 1.16
 Charge any additional filing fees required under 37 CFR § 1.17
 If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.

Assignee Name and address:

Name (Print/Type)	George R. Pettit	Registration No. (Attorney/Agent)	27,369
Signature			Date
			5/03/2001